

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

43537

Registrar's No.

14

Registration District No.

686

Primary Registration District No.

5914

1. PLACE OF DEATH

- (a) County Pike
(b) City or town Vandalia Rural
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

SYRENA LOUISE MAIDEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

Female
Race White

5. Color or race

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James W. Maiden

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 22 1854
(Month) (Day) (Year)

8. AGE: 86 Years Months 1 Days 8 If less than one day hr. min.

9. Birthplace Curryville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business Farm

12. Name Jesse Duncan

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Williams

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Olin Maiden

(b) Address Vandalia Mo.

17. (a) Dec 2 1940 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony Pike

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia Mo.

19. (a) Dec 2 1940 (b) Gene E. Hendrix
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike
(c) City or town Vandalia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 30 day Nov
year 1940 hour 7 pm minute _____ M.

21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 30, 1940
that I last saw her alive on Nov 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature W. H. Blaud (M. D. or other) _____

Address Vandalia Date signed 12/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 2-17-39
U. S. G. P. 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 1-41-4

Date Filed JAN 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.